


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N03326	
1. Entity Name PIONEER WEST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 309 PIONEER ROAD MERRITT ISLAND, FL 32953	Mailing Address 309 PIONEER ROAD MERRITT ISLAND, FL 32953
---	---

DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2641167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NATOWICH, SANDRA
321 PIONEER RD
MERRITT ISLAND, FL 32953**

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NATOWICH, SANDRA 321 PIONEER RD MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSWELL, NANCY 855 INDIANOLA DRIVE MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHROLL, E A 3585 NORTH COURTENAY PKWY, #2 MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, ROSEMARIE F 301 PIONEER RD MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, GERLINDE A. 307 PIONEER ROAD MERRITT ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000204118
01/29/05-80058-008 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-25-05 1-321-452-7668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR